

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 245

Primary Registration District No. 5839

Registrar's No. 69

STATE FILE NUMBER 63-016938

FILED MAY 13 1963

1. PLACE OF DEATH

a. COUNTY Newton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR Granby

Length of stay in 1b
years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Home Rt #1

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Newton

c. CITY
OR
TOWN Granby,

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS Rt #1 (If outside, give location)

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First Middle Last
William Vance McNeely

4. DATE OF DEATH
Month Day Year
May 6, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
2/27/1892

9. AGE (last birthday) 71
IF UNDER 1 YEAR IF UNDER 24 HR.
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer and Miner

10b. KIND OF BUSINESS OR INDUSTRY
Farming and Mining Granby, Mo.

11. BIRTHPLACE (City and state or country)
USA

13a. FATHER'S NAME

William V. McNeely

13b. MOTHER'S MAIDEN NAME

Grace Trent

14. NAME OF HUSBAND OR WIFE

Mrs. Mary McNeely

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Mary McNeely Granby, Mo. Rt #1

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Circulatory failure

INTERVAL BETWEEN
ONSET AND DEATH
5 min

DUE TO (b)

Myocardial infarct

45 min

DUE TO (c)

Arteriosclerotic heart disease

5 mos

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec. 19, 1962 to May 6, 1963 and last saw her alive on May 6, 1963
Death occurred at 2:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Shaw O. Potts, D.O.

22b. ADDRESS
Granby, Mo.

22c. DATE SIGNED
5/9/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
5-9-1963

23c. NAME OF CEMETERY OR CREMATORY
Granby Memorial Cemetery Granby, Missouri

24. FUNERAL DIRECTOR
Shewmake Funeral Home Granby, Mo.

25. DATE RECD. BY LOCAL REG.
5-11-63

26. REGISTRAR'S SIGNATURE
Maydene Belka

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0730

2 0730

3

4 0

5 1

6

7 0

8 2

9 4200

10

11

12 90-2

13 6-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Fred E. Swinford

Licensed Embalmer No.

4923

P. O. Address

Box 218 Hardy, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.